

LOGAN TELEPHONE COOPERATIVE

The World At Your Fingertips

March 27, 2006

Elizabeth O'Donnell
Executive Director
Kentucky Public Service Commission
211 Sower Boulevard
P. O. Box 615
Frankfort, KY 40602-0615

RECEIVED

MAR 29 2006

PUBLIC SERVICE
COMMISSION

Re: Customer Billing and Notice Requirements for Wireline
Telecommunications Carriers Providing Service in Kentucky
PSC Case No. 2002-00310

Dear Ms. O'Donnell:

Please find enclosed the original and four (4) copies of our submission in response to the Commission's order dated November 1, 2002 requiring carriers who change their billing format to submit a copy of such format into the record of the proceeding.

Should you have any questions regarding this submission, please do not hesitate to contact me.

Sincerely,

Gregory A. Hale
General Manager/Executive Vice President

Enclosures

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

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MAR 29 2006

PUBLIC SERVICE
COMMISSION

In the Matter of:

CUSTOMER BILLING AND NOTICE)	CASE NO.
REQUIREMENTS FOR WIRELINE)	2002-00310
TELECOMMUNICATIONS CARRIERS)	
PROVIDING SERVICE IN KENTUCKY)	

LOGAN TELEPHONE COOPERATIVE
SUBMISSION OF COPY OF NEW BILLING FORMAT

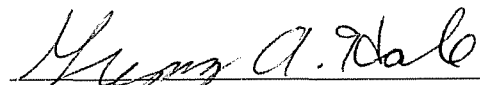
Logan Telephone Cooperative has changed billing systems and hereby submits a new sample copy of our bill to the Commission.

The new format meets all requirements of the Commission's November 1, 2002 order by clearly marking the non-regulated charges and containing clear and conspicuous notice that failure to pay these non-regulated charges will not result in disconnection of regulated services.

The Deregulated section is found on page two of the included example. You will notice a separate section for Deregulated charges followed by the words

Deregulated service charges, if in dispute and unpaid, will not result in disconnection of the regulated services.

Respectfully submitted,



Gregory A. Hale
General Manager/Executive Vice President
Logan Telephone Cooperative, Inc.
P.O. Box 97
Auburn, KY 42206

3-27-06
Date



LOGAN TELEPHONE COOPERATIVE
P O BOX 97
AUBURN KY 42206-0097

BILL AT A GLANCE FOR 03/08/2006

NANS

BALANCE FROM LAST BILLING		54.40
PAYMENTS RECEIVED	02-24	28.75CR
PREVIOUS BALANCE DUE		25.65

SUMMARY BY SERVICE TYPE

REGULATED TELEPHONE CHGS	11.05
DEREGULATED CHARGES	28.72
CURRENT BILLING AMOUNT	39.77
Total Due: Please Pay This Amount	65.42

Previous Bill	Payments/Adj	Current Billing	Total Due
\$54.40	\$28.75CR	\$39.77	\$65.42

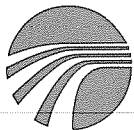
MESSAGE CENTER

Bills paid after the 18th, or not paid in full will have a late payment charge on next month's bill.

Office Hours: 7:30am to 4pm Monday thru Friday

For Billing Inquiries Call: 270-542-6697

Please return lower portion with your payment...retain upper portion for your records



LOGAN TELEPHONE COOPERATIVE

THE WORLD AT YOUR FINGERTIPS

03/08/2006

2565

NANS

ACCOUNT NO: 178600 NP PP

TELEPHONE NO: (270)542-9980

Payment Due	Total Due
03/18/2006	\$65.42

Enter Amount Paid

3

NANS
339 E MAIN ST
AUBURN KY 42206-5108

1 704

LOGAN TELEPHONE COOPERATIVE
10725 BOWLING GREEN RD
PO BOX 97
AUBURN KY 42206-0097



☐ Mailing Address Change on Back



LOGAN TELEPHONE COOPERATIVE

NANS
ACCOUNT NO: 178600
TELEPHONE NO: (270)542-9980
BILL DATE: 03/08/2006
Page: 2 of 4

MONTHLY USAGE FOR TELEPHONE NO: (270)542-9980

Description	Date	Quantity	Amount
PREVIOUS BALANCE DUE			25.65
REGULATED TELEPHONE CHGS	03/08-04/07		
FEDERAL SUBSCRIBER LINE CHG-MULTI		1 @ 9.20	9.20
KENTUCKY LIFELINE SUPPORT		1 @ 0.08	.08
NON PUB # NO CHARGE			
FEDERAL TAX			.28
KENTUCKY STATE TAX			.55
FEDERAL UNIVERSAL SERVICE CHG			.94
REGULATED TELEPHONE CHGS SUBTOTAL			11.05

DEREGULATED CHARGES	03/08-04/07		
OPERATOR SUPERVISION ADDITIVE		1 @ 0.80	.80
TT BUSINESS LINE FOR COIN PHONE-LTC		1 @ 24.80	24.80
FEDERAL TAX			.77
KENTUCKY STATE TAX			1.58
LOGAN COUNTY SCHOOL TAX			.77
DEREGULATED CHARGES SUBTOTAL			28.72

Deregulated service charges, if in dispute and unpaid, will not result in disconnection of the regulated services.

SUB-TOTAL 39.77

CURRENT BILLING AMOUNT 39.77

Total Due: Please Pay This Amount 65.42

CHANGE OF ADDRESS

Effective Date _____

NAME

ADDITIONAL NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP